PE			1	•		Express Ma	ail No. EV	529783206US
Effective on 12/08/2004. Fees Exsuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Express Mail No. EV529783206US Complete if Known				
	nsolidated Appro	priations Act. 20	005 (H.R. 4818).	Application		10/624,940		
1 3 2005 #FEE]	TRANS	MITT	AL	Filing Date		July 21, 20		
47				First Named	Inventor	Jeffery R.		
for FY 2005						Barbara P. Badio		
Applicant claims	small entity	status. Se	e 37 CFR 1.27	Art Unit		1617		
TOTAL AMOUNT OF		(\$) 65.0		Attorney Do	cket No.	480117.40	7C1	
METHOD OF PAYME	NT (check al	that apply)		· · · · · · · · · · · · · · · · · · ·		··············		
Deposit Account For the above-ide Charge fee(entified depos s) indicated b additional fee	sit account, t elow e(s) or under	ber: <u>19-1090</u> he Director is he payments	please identif Deposit Accoreby authoriz Charge fee(Charge any	ount Name: ed to: (chec (s) indicated	ck all that ap l below, exc	oply) ept for the	e filing fee
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FEE CALCULATION								
1. BASIC FILING, SI	EARCH, AND	EXAMINA	TION FEES					
·	FILING FEES SEAR		SEARC	H FFFS		NATION ES		
		Small Ent	ity	Small Entity	L	Small Entity		·
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee</u>	s Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM F Fee Description	-						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (inc	•	•	,				50	25
Each independent clair	•	iding Reissue	es)				200	100
Multiple dependent cla							360	180
Total Claims	Extra Cla		Fee (\$)	Fee Paid	<u>(\$)</u>			lent Claims
. 43 · 47 (HP) =	_	X	=			<u>Fee (\$)</u>	F	ee Paid (\$)
HP = highest number	of total claim	s paid for, if	greater than 20					
<u>Indep. Claims</u> <u>3</u> -3 or HP =	Extra Cla 0	<u>ims</u> X	Fee (\$)	Fee Paid	<u>(\$)</u>			
HP = highest number	of independe	nt claims pa	id for, if greater	than 3				
3. APPLICATION SIZ	•	·	. •					
If the specification and under 37 CFR 1.52(e) thereof. See 35 U.S.) the applicat	ion size fee	due is \$250 (\$1)					
Total Sheets	Extra Shee	<u>ts Nui</u> /50 =	mber of each a				ee (\$)	Fee Paid (\$)
4. OTHER FEE(S)	 .	_		to a whole nu	41110 6 1 <i>)</i>	х _		ees Paid (\$)
Non-English Specification Other (e.g., late filing		•	-	e Code 2814)				<u>65</u>

Registration No. (Attorney/Agent)

32,783

Telephone

Date

206-622-4900

July 13, 2005

Signature

SUBMITTED BY

Carol & Roth Carol J. Roth

Express Mail No. EV529783206US

PTO/SB/26 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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Docket Number (Optional) 480117.407C1

In re Application of: Jeffery R. Raymond et al.

Application No. 10/624,946

Check either box 1 or 2 below, if appropriate.

2. X

Filed: July 21, 2003

JUL 1 3 2005

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is reissued: or	anocica by a recxam	mation continuate,			
	ner terminated prior f	to the evolvation of	f ita full atatutanı tı	orm oc procontly o	hortoned by any
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The undersigned is an attorney or agent of record. Registration No. 32,783

		Caral of Rota	July 13, 2005
07/18/2005 BABRAHA1 0	0000045 10624946	Signature	Date
01 FC:2814	65.00 OP	Carol J. Roth	
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